



INTRODUCTION

Chronic pain is a serious health and societal concern in the United States. It affects 40-70% of veterans, making it the leading cause of disability and creating significant negative impact upon the lives of millions of veterans (Department of Veterans Affairs, 2015). Compared to the nation's civilian population who experience chronic pain at a rate of 30%, the veteran population, overall, is disproportionately affected with a rate of over 50% (Institute of Medicine, 2011). Specifically, as many as 75% of older veterans experience chronic pain. Moreover, even younger veterans and veterans who served in recent conflicts experience severe pain at a significantly higher prevalence than the civilian population (Substance Abuse and Mental Health Services Administration, 2017). Considering their high rates of chronic pain, there is a dire need to better understand veterans' experiences with pain and to identify efficacious approaches to chronic pain management among veterans. Toward that end, the purpose of our project was to better understand what veterans need to manage chronic pain and to give voice to their pain-related research priorities.

Veterans' Action League 2.0: A White Paper on Patient-Centered Chronic Pain Management

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VAL 2.0 Project Units

Figure 1: Objectives

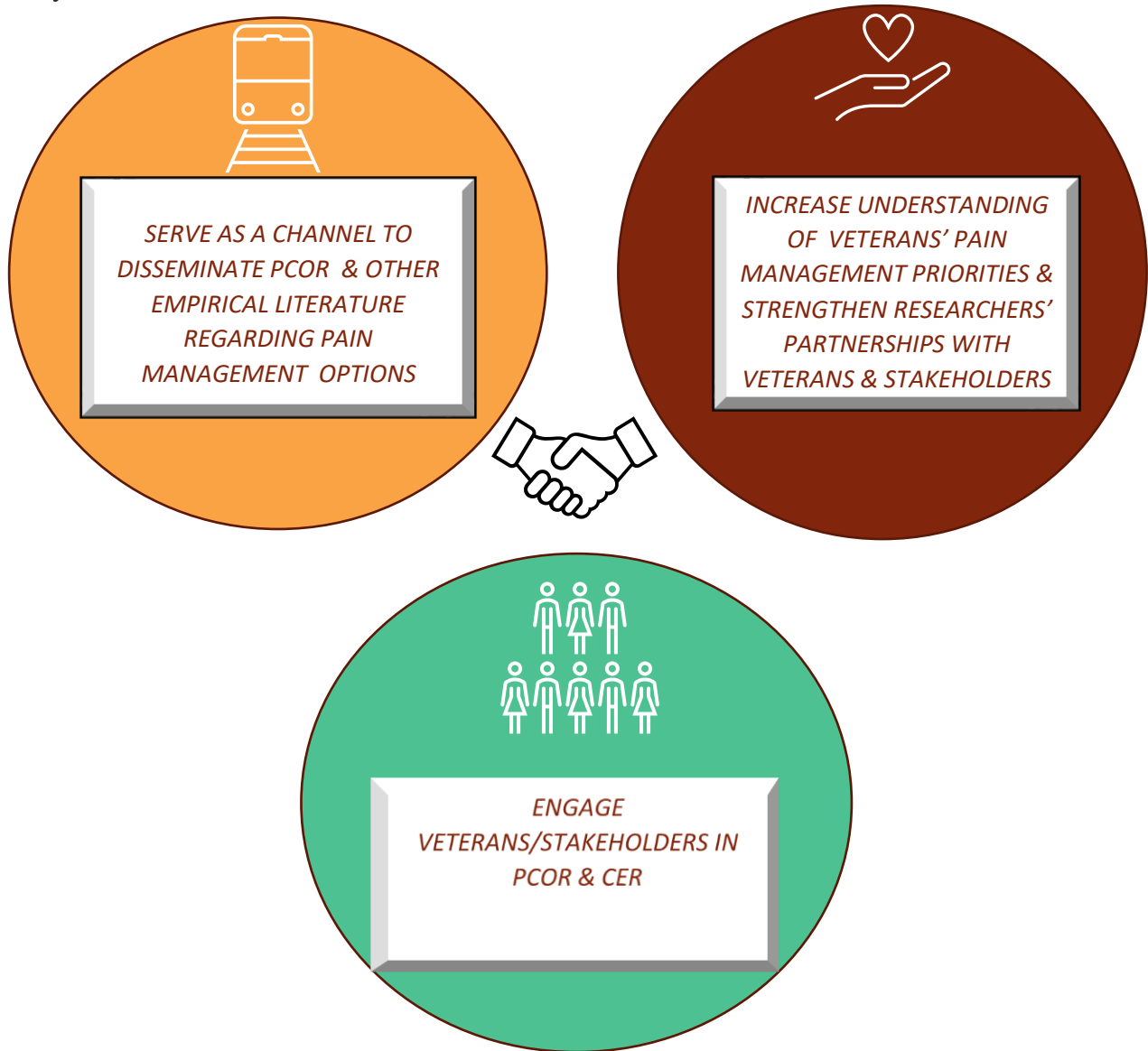


Figure 2: Sequential Activities - 2 Years in Review



GEORGIA

CARM Unit Lead author: Jane Garvin, PhD, APRN, FNP-BC

Veteran Unit Lead author: Rich Hinson, Former Captain US Army

How did the GA VAL Unit Think Tank Meetings (TTMs) help key stakeholders understand the issues veterans face when managing chronic pain?

Veterans shared personal experiences about trying to negotiate the healthcare system while experiencing chronic pain. Frustration with the healthcare system and lack of effective pain management was reported as a path to depression, unhealthy alternatives for relief, and suicide.

What advice would you give potential awardees and the PCOR community to incorporate chronic pain related PCOR and CER into decision-making settings?

Veterans are looking for access to high quality care. Veterans are seeking alternatives to steroids, non-steroidal anti-inflammatory medications, narcotics and the usual treatment of pain. Veterans shared a preference for a thorough assessment of the cause of the pain, rather than simply treating the symptom of pain. One-time interventions such as surgery may be needed to correct structural issues. However, the treatment of chronic pain may require long periods of time and brief research studies are unlikely to capture the benefit of long-term therapies. Veterans are seeking alternatives to narcotics including aroma therapy and other essential oil therapies, acupuncture, chiropractic care, craniosacral therapy, dietary interventions and nutritional supplements, electromagnetic therapies, drum therapy, massage therapy, medical massage for myofascial release, movement/stretching and exercise therapies, music therapy, naturopathy, recreation therapy, regenerative therapies including platelet rich plasma and stem cells, as well as weight reduction interventions. The most frequent suggestions were for narcotic alternatives assessing chiropractic care and medical massage while engaging the Veterans in the decision-making process to determine treatment options. However, almost every Veteran expressed a need for a thorough assessment and the desire to be involved in the decision-making process. Awardees should seek avenues to continue effective therapy in long-term research and make provision for a transition to continued care following the research study.

What is the GA VAL Unit's future direction to engage the veteran community with chronic pain management?

Veterans suggested a number of alternatives from word-of-mouth to social media with lists of problems and treatment options as well as personal stories of successful pain management.

How did the GA VAL Unit TTMs contribute to the development of the National Veteran-Centered Chronic Pain Research Agenda?

The think-tank meetings provided Veterans an opportunity to be heard, to have their ideas recorded and incorporated into the national Veteran-centered chronic pain research agenda. Veterans shared their personal experiences with pain management challenges and successes as well as how they would like research to be conducted in the future and how they would like to be involved in the research process.



FLORIDA

CARM Unit Lead author: Beth A. Pratt, PhD, RN

Veteran Unit Lead author: Rosa Clarke, Lt. Col USMC (Ret)

How did the FL VAL Unit Think Tank Meetings (TTMs) help key stakeholders understand the issues veterans face when managing chronic pain?

Veterans have a unique culture and language. Although the various branches of service have differences in specific missions and agendas, there is a general camaraderie and understanding among all who serve. As a result, the Veteran Unit Lead helped other veterans feel more comfortable speaking openly about their chronic pain. The Veteran Unit Lead translated the nuances of the conversation regarding Veterans' experiences managing chronic pain to the key stakeholders including nurses, nutritionists, physical therapists, social workers, and researchers who might not be familiar with Veteran culture-specific language and experiences.

What advice would you give potential awardees and the PCOR community to incorporate chronic pain related-PCOR and CER into decision-making settings?

To manage chronic pain effectively, health care providers must keep in mind that every person's interpretation of their pain is different. One veteran's pain level of 8 can be another veteran's pain level of 3. It would be ideal to interpret and translate this information into a common denominator to help tailor the individual plan of care. Veterans strongly encourage collaboration between health care providers to ensure continuity of care. The veterans suggest holding case management meetings with themselves and all their health care providers to discuss the effectiveness of their current chronic pain management, the preferences of the veteran to treat and decrease their chronic pain, and the available next steps in the plan of care to reach the veteran's chronic pain management goals.

“Doctors see similar patterns with similar symptoms—and assume you have whatever everyone else has. I wish doctors would listen more—take the time to investigate, I am worried I might have something more—like cancer.”

What is the FL VAL Unit's future direction to engage the veteran community with chronic pain management?

The Florida VAL unit continues to engage veterans and key stakeholders in discussions regarding social and chronic pain. Currently, we strive to bring veterans together and explore the difficulties regarding social and chronic pain management that have arisen due to the COVID-19 pandemic. Our goal is to shed light on veterans' recommendations to improve the health and wellness of their community in challenging times.

How did the FL Unit TTMs contribute to the development of the National Veteran-Centered Chronic Pain Research Agenda?

The FL Unit TTMs provided opportunities for veterans from all branches of service to meet and discuss their views and recommendations for chronic pain management. The presence of the Veteran Unit Lead in the TTMs encouraged a level of comfort and trust in which veterans from a wide range of times and periods of service came together and discussed their experiences and concerns. The personal interactions in the TTMs fostered camaraderie which created the opportunity for open and frank conversations leading to meaningful recommendations to improve management of chronic pain.



ILLINOIS

CARM Unit Lead authors: Fran Weaver, PhD and Karen Saban, PhD. RN

Veteran Unit Lead author: Michael Thompson, Former US Army Specialist

How did the IL VAL Unit Think Tank Meetings (TTMs) help key stakeholders understand the issues veterans face when managing chronic pain?

The Think Tank Meetings allowed Veterans to discuss their experiences with managing their pain and their interactions with the health care system. Participants described the positive and negative experiences they have had in managing their chronic pain issues. This involved not wanting to take opioids (a last resort), not wanting to be a burden on their providers and significant others, but also not being able to access alternative strategies such as water therapy.



What advice would give potential awardees and the PCOR community to incorporate chronic pain related PCOR and CER into decision-making settings? Our advice would be to listen to the Veterans about their experiences with pain management and keep an ongoing, open dialogue between the Veterans and the decision-makers. Involving the Veteran and their significant others in developing new pain management programs and improving existing programs is critical to providing optimal pain management. Our Veterans did not want to keep bothering their providers about their pain issues, especially when it appeared that providers did not have anything more to offer. Veterans want to keep trying to manage their pain.

What is the IL VAL Unit's future direction to engage the veteran community with chronic pain management?

Veterans are willing to try new and different things to address their pain. Opioids are usually the last option for these individuals as they do not want to become dependent of medication. Alternative and complementary medical strategies such as acupuncture, massage, biofeedback, marijuana and CBD oil were all mentioned by participants as potential treatment strategies. Providers should continue to explore and make available different options for pain management.

How did the IL Unit TTMs contributed to the development of the National Veteran-Centered Chronic Pain Research Agenda?

The IL Unit TTMs contributes to the National Veteran-Centered Chronic Pain Research Agenda by providing insight into what is working and what is not working for Veteran Pain Management. Medications do not work

for chronic pain for most Veterans, and they do not want to take pain medications. Mind and body approaches such as yoga, meditation, water therapy, massage, and acupuncture have had some success for patients with chronic pain. However, access to these alternative therapies may be difficult, particularly during COVID. Management needs to be individualized to the patient to be successful.

“people might say that you are just trying to get government to pay for your massage, but it really does help. Not a spa treatment. Massages really helped. Also acupuncture helps. Doctors chuckle when I ask about massage.”





Consultant's Corner

VAL Unit Military Consultant, Mr. David A. Hibler, Former US Army Sergeant

What are some examples of the ways you provided support and guidance to VAL Unit Leaders?

Chronic pain is a significant issue within the Veteran community, and with any health issue, can be a sensitive subject when engaging with Veterans. VAL Unit Leaders have a uniquely special job. They are the connection, translator, and organizer that allows these studies to engage with the Veteran community. As the VAL Unit Military Consultant, I was able to assist current VAL Unit Leaders in three main areas: Forming a cohesive team with the rest of the research project members, Recruiting Veterans and Veteran Stakeholders, and Engaging their participants. The Unit Leader is a crucial component of the VAL team. Many researchers have difficulty finding good candidates to partner with, since the Veteran community is difficult to access and navigate if you have not served. As a Veteran myself and as someone who has experience working in corporate and academic research, I was able to assist in finding local Veteran networks, help with communication and interactions between Veterans and researchers, and highlight desirable attributes. Recruiting Veterans can also be a challenge. Many Veterans are not familiar with all the different Veteran communities and networks in their area. As the VAL Unit Military Consultant, I have had experience with multiple Veteran organizations and was able to direct VAL Units to resources that could aid them in recruitment. Additionally, engagement of Veterans and Veteran Stakeholders can present VAL Units with unique complications. Understanding the perspectives of the Veterans and Veteran Stakeholders can be the difference between success and failure in a study like this. Being a Veteran myself, and having worked with Veterans and Veteran Stakeholders previously, I was able to help VAL Units better understand the Veterans perspective and prepare VAL Units for potential complications that they may encounter while working with these special populations.

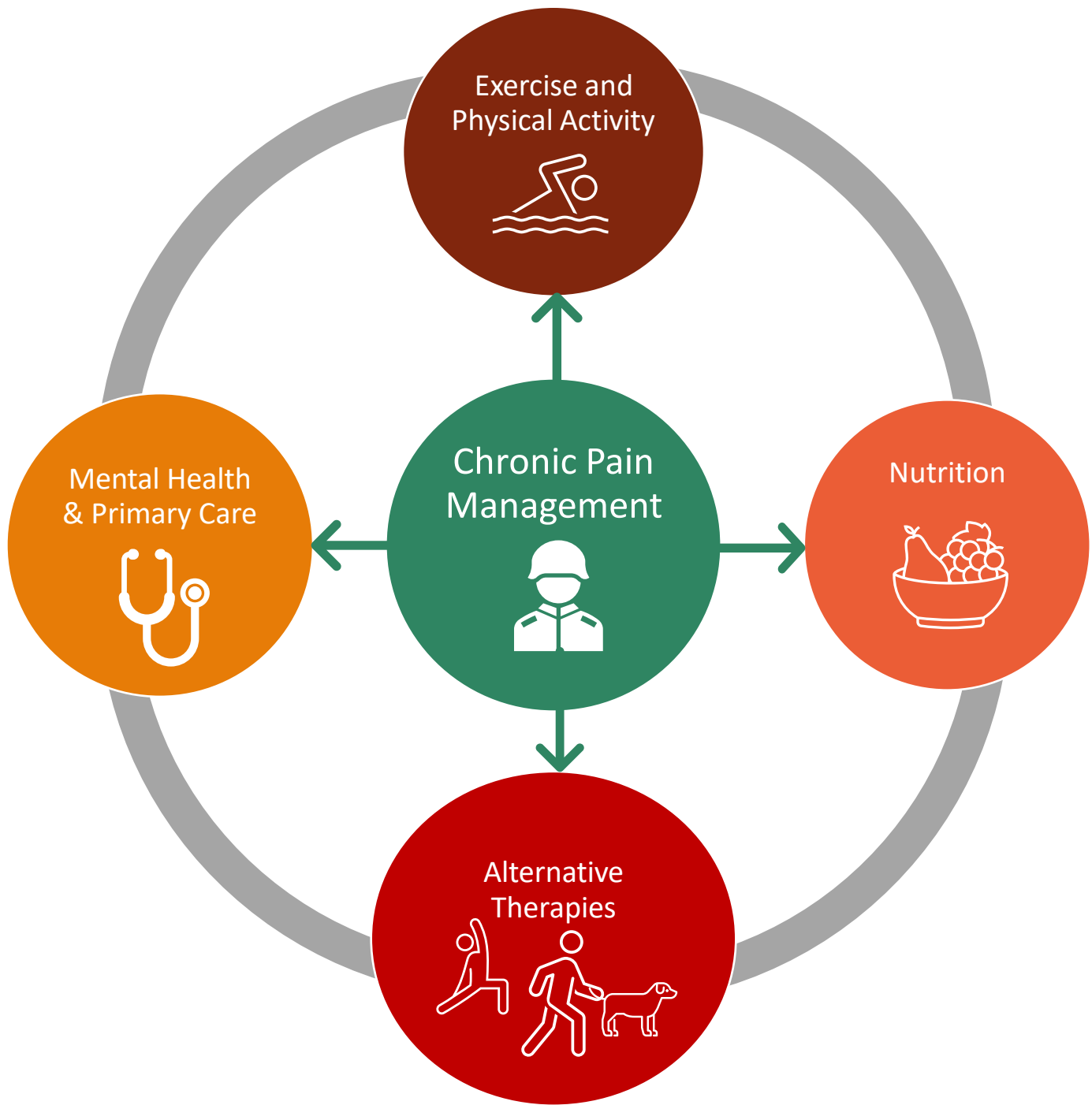


VAL Unit Senior Pain Research Consultant, Dr. Luana Colloca

In what ways did this veteran-driven community engagement project help fulfill the need for PCOR and CER in the area of pain management in veterans?

Chronic pain has been found to be more common, severe, and complex in Veterans. Battlefield injuries can result in life-long moderate to severe pain that interferes with physical functioning and emotional health. Veterans may also have significant biomedical and/or psychiatric comorbidities including post-traumatic stress disorder, depression, and traumatic brain injury, all of which can exacerbate the pain experience and complicate treatment planning. This project has contributed to raise awareness and advance opioid risk mitigation and pain management.

Figure 3: Components of Chronic Pain Management



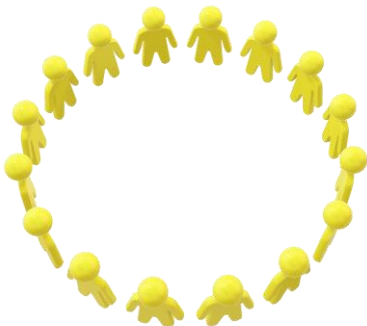
Tips & Lessons Learned



Throughout the two years that VAL 2.0 took place, the project team gained insightful tips and learned lessons. When creating a unit, it was imperative to have strong leaders in both the Collaborative Academic Research Member (CARM) position and the Veteran Leader position. To secure these leaders, we relied on the Project leads health initiative for veterans, the Canines Providing Assistance to Wounded Warriors (C-P.A.W.W.- www.nursing.fau.edu/c-paww) network of individuals that spans across multiple states. This network provided the project team with direct connections and indirect connections via references. We found that a connection to C-P.A.W.W. or the veteran community provided leaders with a personal tie to the cause which assisted in a flourishing unit.

As the project continued, adjustments were made to adhere to the safety regulations of the CDC. due to the COVID-19 pandemic. This included a shift to virtual meetings and virtual engagement strategies. However, our units found success in their shift to virtual and continued the valuable dialogue at their meetings.

PRE-COVID-19 ENGAGEMENT STRATEGIES



- FLYERS
- FACE-TO-FACE CONVERSATION
- IN-PERSON VISITS TO VETERAN ORGANIZATIONS

COVID-19 ENGAGEMENT STRATEGIES



- ENGAGEMENT EMAILS
- ONLINE REGISTRATION
- PHONE CALLS TO VETERAN ORGANIZATIONS

To learn more about the Veterans' Action League project, you can go to the following link to find more details:
<https://www.pcori.org/research-results/2019/veterans-action-league-20-developing-national-veteran->

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